

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572588

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

1						
2						
3						
4	2		1		2	
5	1					
6	2		1		2	
7	2		1		2	
8	2		1		2	
9	2		1		2	
10	2		1		2	
11	1					
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

16

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.

16

TOTAL DEP.

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TOTAL CLAIMS

16